

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### ADDENDUM TO ONLINE APPLICATION

#### PRIVATE DETECTIVE LICENSE

#### APPLICANT INFORMATION:

Last Name	First Name	MI	Former / Maiden Name(s)
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**TO BE COMPLETED BY PRIVATE DETECTIVE AGENCY EMPLOYER - If you are applying for an agency and private detective license, an application for private detective agency must also be submitted.**

**Name of employing agency exactly as it appears on agency license**

**Business address of employing agency's main office**

Street	City	State	Zip Code
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**License # of employing agency**

**Main office telephone number**

(\_\_\_\_\_)

**I CERTIFY** that the agency identified above will employ and will assume responsibility for the private detective applicant pursuant to the Department rules. I also certify that the private detective, as required by sec. 440.26(4), Stats.:

- ☐ is covered by our agency liability policy,
- ☐ is not covered by our agency liability policy.
- ☐ is covered by a \$2,000 bond in addition to agency's \$100,000 bond  
(Please attach Bond of Private Detective or Private Detective Agency to this application.)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name of Person Signing Above

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_